

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

HUMAN ACTION SUPER PAC

ADDRESS (number and street) ▼

PO Box 13932

☐ Check if different than previously reported. (ACC)

TUCSON

AZ

85732

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00538827

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☒ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
01 01 2013

through

M M M / D D D / Y Y Y Y Y Y
06 30 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Jeremy Snively

Signature of Treasurer

Jeremy Snively

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
07 01 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

HUMAN ACTION SUPER PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
01		01		2013

To:

M M	/	D D	/	Y Y Y Y Y
06		30		2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2013</td></tr></table>	Y	Y	Y	Y	Y	2013						<table><tr><td colspan="5">980.46</td></tr></table>	980.46				
Y	Y	Y	Y	Y													
2013																	
980.46																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">980.46</td></tr></table>	980.46															
980.46																	
(c) Total Receipts (from Line 19)	<table><tr><td colspan="5">12597.00</td></tr></table>	12597.00					<table><tr><td colspan="5">12597.00</td></tr></table>	12597.00									
12597.00																	
12597.00																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5">13577.46</td></tr></table>	13577.46					<table><tr><td colspan="5">13577.46</td></tr></table>	13577.46									
13577.46																	
13577.46																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">10636.94</td></tr></table>	10636.94					<table><tr><td colspan="5">10636.94</td></tr></table>	10636.94									
10636.94																	
10636.94																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table><tr><td colspan="5">2940.52</td></tr></table>	2940.52					<table><tr><td colspan="5">2940.52</td></tr></table>	2940.52									
2940.52																	
2940.52																	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">11048.75</td></tr></table>	11048.75															
11048.75																	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

HUMAN ACTION SUPER PAC

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 01 / 01 / 2013

To:

 M M / D D / Y Y Y Y Y
 06 / 30 / 2013
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

1016.00

1016.00

(ii) Unitemized

8831.00

8831.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

9847.00

9847.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

9847.00

9847.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

2750.00

2750.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

12597.00

12597.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

12597.00

12597.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	4118.62	4118.62
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	4118.62	4118.62
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	6518.32	6518.32
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	10636.94	10636.94
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10636.94	10636.94

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	9847.00	9847.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9847.00	9847.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	4118.62	4118.62
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	4118.62	4118.62

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 23

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HUMAN ACTION SUPER PAC

Full Name (Last, First, Middle Initial)

A. Anthony Astolfi

Mailing Address 1556 Plantation Way

City

El Cajon

State

CA

Zip Code

92019

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Creative Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2005.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 06 / 2013

Transaction ID : SA11AI.4458

Amount of Each Receipt this Period

5.00

Full Name (Last, First, Middle Initial)

B. Anthony Astolfi

Mailing Address 1556 Plantation Way

City

El Cajon

State

CA

Zip Code

92019

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Creative Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2010.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 09 / 2013

Transaction ID : SA11AI.4459

Amount of Each Receipt this Period

5.00

Full Name (Last, First, Middle Initial)

C. Anthony Astolfi

Mailing Address 1556 Plantation Way

City

El Cajon

State

CA

Zip Code

92019

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Creative Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2016.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 11 / 2013

Transaction ID : SA11AI.4460

Amount of Each Receipt this Period

6.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

16.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 23
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HUMAN ACTION SUPER PAC

Full Name (Last, First, Middle Initial)

A. Carolyn Foss

Mailing Address 345 Lincoln Ave.

City State Zip Code
Palo Alto CA 94301

FEC ID number of contributing
federal political committee.

C

Name of Employer

n/a

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 17 / 2013

Transaction ID : SA11AI.4531

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

1016.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 23

☐ 11a ☐ 11b ☐ 11c ☐ 12
☒ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HUMAN ACTION SUPER PAC

Full Name (Last, First, Middle Initial)

A. Anthony Astolfi

Mailing Address 1556 Plantation Way

City

El Cajon

State

CA

Zip Code

92019

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Creative Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

01 / 12 / 2013

Transaction ID : SA13.4105

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Robert Caracaus

Mailing Address 3510 Glen Dr.

City

San Diego

State

CA

Zip Code

91977

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

01 / 29 / 2013

Transaction ID : SA13.4332

Amount of Each Receipt this Period

750.00

Loan for initial expenses to operate

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2750.00

2750.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

HUMAN ACTION SUPER PAC

A. 5Forms

Date of Disbursement

Transaction ID : SB21B.4339

003

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

73.93

Full Name (Last, First, Middle Initial)

B. 5Forms

Date of Disbursement

City	State	Zip Code
Cleveland	TN	37323

Transaction ID : SB21B.4348

003

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

216.33

Full Name (Last, First, Middle Initial)

C. National Mailing

Date of Disbursement

City	State	Zip Code
Tucson	AZ	85713

Transaction ID : SB21B.4335

003

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

476.81

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

767.07

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 23

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

HUMAN ACTION SUPER PAC

Full Name (Last, First, Middle Initial)

A. National Mailing

Mailing Address 1604 S 6th Ave

City Tucson State AZ Zip Code 85713

Purpose of Disbursement
Fundraising mailing handling fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 06 / 2013

Transaction ID : SB21B.4343

Amount of Each Disbursement this Period

343.43

Full Name (Last, First, Middle Initial)

B. National Mailing

Mailing Address 1604 S 6th Ave

City Tucson State AZ Zip Code 85713

Purpose of Disbursement
Promo Mailing Handling Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 23 / 2013

Transaction ID : SB21B.5843

Amount of Each Disbursement this Period

969.17

Full Name (Last, First, Middle Initial)

C. Paypal

Mailing Address 2211 N First St

City San Jose State CA Zip Code 95131

Purpose of Disbursement
Paypal Merchant Service Fees January through June 30

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2013

Transaction ID : SB21B.5846

Amount of Each Disbursement this Period

480.55

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1793.15

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 23

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

HUMAN ACTION SUPER PAC

Full Name (Last, First, Middle Initial)

A. Print Place

Mailing Address 1130 Ave H East

City	State	Zip Code
Arlington	TX	76011

Purpose of Disbursement
Flyer printing costs

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		22		2013

Transaction ID : SB21B.4323

Amount of Each Disbursement this Period

276.51

Full Name (Last, First, Middle Initial)

B. Print Place

Mailing Address 1130 Ave H East

City	State	Zip Code
Arlington	TX	76011

Purpose of Disbursement
Reply cards printing costs

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		22		2013

Transaction ID : SB21B.4326

Amount of Each Disbursement this Period

210.07

Full Name (Last, First, Middle Initial)

C. Print Place

Mailing Address 1130 Ave H East

City	State	Zip Code
Arlington	TX	76011

Purpose of Disbursement
Reply Card Printing

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		19		2013

Transaction ID : SB21B.4336

Amount of Each Disbursement this Period

165.85

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

652.43

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 23

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

HUMAN ACTION SUPER PAC

Full Name (Last, First, Middle Initial)

A. Print Place

Mailing Address 1130 Ave H East

City	State	Zip Code
Arlington	TX	76011

Purpose of Disbursement
Fundraising Flyer Printing

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		19		2013

Transaction ID : SB21B.4337

Amount of Each Disbursement this Period

215.77

Full Name (Last, First, Middle Initial)

B. Print Place

Mailing Address 1130 Ave H East

City	State	Zip Code
Arlington	TX	76011

Purpose of Disbursement
Fundraising Reply Cards

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		27		2013

Transaction ID : SB21B.4349

Amount of Each Disbursement this Period

306.50

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

522.27

3734.92

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 13 OF 23

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4105

HUMAN ACTION SUPER PAC**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Anthony Astolfi

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 1556 Plantation Way

City El Cajon

State CA

ZIP Code 92019

Original Amount of Loan

2000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
01 / 12 / 2013

Date Due

M M / D D / Y Y Y Y

11/1/2016

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

2000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 14 OF 23

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4332

HUMAN ACTION SUPER PAC**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Robert Caracaus

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 3510 Glen Dr.

City San Diego

State CA

ZIP Code 91977

Original Amount of Loan

750.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

750.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
01 / 29 / 2013

Date Due

M M / D D / Y Y Y Y
11/1/2016

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

750.00

TOTALS This Period (last page in this line only)..... ►

2750.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 15 OF 23

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

HUMAN ACTION SUPER PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Aaron Boone

Nature of Debt (Purpose):

Rand Paul 4 Pres. Bumpersticker Promo I.E.

Mailing Address PO Box 2426

City State

Zip Code

Big Bear City

CA

92314

Outstanding Balance Beginning This Period

260.00

Transaction ID : SD10.4303

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

260.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Aaron Boone

Nature of Debt (Purpose):

Human Action Super PAC Outreach

Mailing Address PO Box 2426

City State

Zip Code

Big Bear City

CA

92314

Outstanding Balance Beginning This Period

1111.50

Transaction ID : SD10.4304

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1111.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Jeremy Snavelly Consulting

Nature of Debt (Purpose):

Rand Paul Bumpersticker Project

Mailing Address 4849 E 3rd St

City

State

Zip Code

Tucson

AZ

85711

Outstanding Balance Beginning This Period

112.50

Transaction ID : SD10.4312

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

112.50

1) **SUBTOTALS** This Period This Page (optional)..... ►

1484.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 16 OF 23

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

HUMAN ACTION SUPER PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Jeremy Snavelly Consulting

Nature of Debt (Purpose):

Administrative Expenses

Mailing Address 4849 E 3rd St

City State

Zip Code

Tucson

AZ

85711

Outstanding Balance Beginning This Period

475.00

Transaction ID : SD10.4313

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

475.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Polacion

Nature of Debt (Purpose):

Independent Expenditure - Rand Paul 4 Pres.
bumpersticker project

Mailing Address 1556 Plantation Way

City State

Zip Code

El Cajon

CA

92109

Outstanding Balance Beginning This Period

3076.25

Transaction ID : SD10.4317

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3076.25

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Polacion

Nature of Debt (Purpose):

Website Development for Human Action
committee

Mailing Address 1556 Plantation Way

City

State

Zip Code

El Cajon

CA

92109

Outstanding Balance Beginning This Period

1983.50

Transaction ID : SD10.4318

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1983.50

1) **SUBTOTALS** This Period This Page (optional)..... ►

5534.75

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 17 OF 23

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

HUMAN ACTION SUPER PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Robert Caracaus

Nature of Debt (Purpose):

Drupal Website Development for PAC website

Mailing Address 3510 Glen Dr.

City State

Zip Code

San Diego

CA

91977

Outstanding Balance Beginning This Period

1280.00

Transaction ID : SD10.4298

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1280.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

1280.00

2) **TOTALS** This Period (last page this line number only)..... ►

8298.75

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

2750.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

11048.75

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 18 OF 23
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) HUMAN ACTION SUPER PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00538827 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Corporate Specialties		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">01</div> <div style="border: 1px solid black; padding: 2px;">28</div> <div style="border: 1px solid black; padding: 2px;">2013</div> </div>	
Mailing Address 6367 Maryland Dr.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">783.33</div>	
City Los Angeles	State CA		
Purpose of Expenditure Rand Paul for Pres. Bumper Stickers		Category/ Type <div style="border: 1px solid black; padding: 2px; text-align: center;">006</div>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Rand Paul		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1147.93</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) _____	

Transaction ID : SE.4330

Full Name (Last, First, Middle Initial) of Payee Corporate Specialties		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">04</div> <div style="border: 1px solid black; padding: 2px;">05</div> <div style="border: 1px solid black; padding: 2px;">2013</div> </div>	
Mailing Address 6367 Maryland Dr.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1163.33</div>	
City Los Angeles	State CA		
Purpose of Expenditure 10,000 Rand Paul Bumper Stickers		Category/ Type <div style="border: 1px solid black; padding: 2px; text-align: center;"></div>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Rand Paul		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">6488.32</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) _____	

Transaction ID : SE.4356

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1946.66</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jeremy Snavelly

Signature

[Electronically Filed]

Date

07

01

2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 19 OF 23
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) HUMAN ACTION SUPER PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00538827 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Corporate Specialties		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 04 / 16 / 2013 </div>
Mailing Address 6367 Maryland Dr.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 30.00 </div>
City Los Angeles	State CA	
Purpose of Expenditure Balance due on 10,000 Rand Paul Bumper Stickers		Category/Type
Name of Federal Candidate Supported or Opposed by Expenditure: Rand Paul		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 6518.32 </div>		Transaction ID : SE.4357

Full Name (Last, First, Middle Initial) of Payee National Mailing		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 01 / 31 / 2013 </div>
Mailing Address 1604 S 6th Ave		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 741.00 </div>
City Tucson	State AZ	
Purpose of Expenditure Postage to mail Rand Paul stickers		Category/Type
Name of Federal Candidate Supported or Opposed by Expenditure: Rand Paul		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1888.93 </div>		Transaction ID : SE.4333

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 771.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 771.00 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jeremy Snavelly

Signature

[Electronically Filed]

Date

07 / 01 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 20 OF 23
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) HUMAN ACTION SUPER PAC		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00538827</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div>	

Full Name (Last, First, Middle Initial) of Payee National Mailing		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div> 02 / 26 / 2013	
Mailing Address 1604 S 6th Ave		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">508.59</div>	
City Tucson	State AZ	Zip Code 85713	
Purpose of Expenditure Postage - Rand Paul 4 Pres. Sticker mailing	Category/Type 003	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure: Rand Paul		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2686.22</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) _____	

Transaction ID : SE.4340

Full Name (Last, First, Middle Initial) of Payee National Mailing		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div> 04 / 04 / 2013	
Mailing Address 1604 S 6th Ave		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1594.05</div>	
City Tucson	State AZ	Zip Code 85713	
Purpose of Expenditure Postage Rand Paul 4 President Bumper Sticker Mailing	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure: Rand Paul		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">5324.99</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) _____	

Transaction ID : SE.4355

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">2102.64</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jeremy Snively

Signature

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y

 07 / 01 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 21 OF 23
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) HUMAN ACTION SUPER PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00538827 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Print Place			Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM</div> <div style="border: 1px solid black; padding: 2px;">DD</div> <div style="border: 1px solid black; padding: 2px;">YYYY</div> </div>	
Mailing Address 1130 Ave H East			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">364.60</div>	
City Arlington	State TX	Zip Code 76011	Transaction ID : SE.4329	
Purpose of Expenditure Outer Envelopes with Rand Paul 4 Pres. Logo		Category/ Type 003	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Rand Paul			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Print Place			Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM</div> <div style="border: 1px solid black; padding: 2px;">DD</div> <div style="border: 1px solid black; padding: 2px;">YYYY</div> </div>	
Mailing Address 1130 Ave H East			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">288.70</div>	
City Arlington	State TX	Zip Code 76011	Transaction ID : SE.4338	
Purpose of Expenditure Rand Paul Sticker Mailing Outer Envelopes		Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Rand Paul			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">653.30</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jeremy Snavelly

Signature

[Electronically Filed]

Date

MM

DD

YYYY

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 23 OF 23
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) HUMAN ACTION SUPER PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00538827 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Print Place			Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM</div> <div style="border: 1px solid black; padding: 2px;">DD</div> <div style="border: 1px solid black; padding: 2px;">YYYY</div> </div>	
Mailing Address 1130 Ave H East			<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">27</div> <div style="border: 1px solid black; padding: 2px;">2013</div> </div>	
City Arlington	State TX	Zip Code 76011	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">486.31</div>	
Purpose of Expenditure Outer Envelopes Rand Paul Sticker Mailing		Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Rand Paul			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify)	

Transaction ID : SE.4351

Full Name (Last, First, Middle Initial) of Payee Zazzle			Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM</div> <div style="border: 1px solid black; padding: 2px;">DD</div> <div style="border: 1px solid black; padding: 2px;">YYYY</div> </div>	
Mailing Address 1800 Seaport Blvd			<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">14</div> <div style="border: 1px solid black; padding: 2px;">2013</div> </div>	
City Redwood City	State CA	Zip Code 94063	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">139.19</div>	
Purpose of Expenditure Rand Paul Button Stickers for CPAC		Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Rand Paul			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify)	

Transaction ID : SE.4344

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">625.50</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">6518.32</div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jeremy Snavelly

Signature

[Electronically Filed]

Date

MM

DD

YYYY

07

01

2013